

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							61						
2							62						
3							63						
4							64						
5							65						
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39							99						
40							100						
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42													
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44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	0						TOTAL DEP.						
TOTAL	1						TOTAL						